Culturally and Linguistically Appropriate Services (CLAS) Initiative
Coordinating Committee Meeting Minutes
August 16, 2007
9:30am – 11:15 am
Massachusetts Department of Public Health
250 Washington Street, Lobby Conference Room

Present: Mary Beth Curley, Nancy Wilbur, Emily Rosenberg, Cathy O'Connor, Laura Innis, Seena Perumal Carrington, Bill O'Connell, Brunilda Torres (facilitator), Dianne Hagan, James Destine, Jordan Coriza, Christine Haley Medina (minute taker), Ron O'Connor (conference phone), Lucy Clark, Jo-Ann Kwass

Regrets: Jennifer Cochran, Sharon Dyer, Samuel Louis, Linda Shepherd, Paul Muzhuthett

I. Introductions
II. Meeting Minutes
   A. 07.19.07 minutes; Pg.3 – Change from "Bureau of Child and Community Health" to "Bureau of Family and Community Health
   B. 07.19.07 minutes approved
   C. Distribution of meeting minutes to supervisors
      1. purpose to inform subcommittee members supervisors' of employee efforts, increase by-in to CLAS
      2. recommendation to post meeting minutes and important CLAS documents on DPH website
      3. Office of Multicultural Health plans to create CLAS web page
      4. Agreed – cc: supervisors with CLAS minutes
III. Work Plan Development
   A. Memo from Cathy O'Connor and Brunilda Torres distributed
   B. Subcommittees asked to develop work plan for CLAS implementation
   C. Committees have met once or twice to work on the development of the plan
IV. Culturally Competent Practice
   A. Methodology utilized in plan development: Define, Assess, Implement, Evaluate
      1. Clarity about what standard meant, operational specifications
         a. Define – deconstruct standard
         b. Develop glossary – all subcommittees would work on definitions specific to their standards
      2. Ensure DPH and vendors have a readiness to implement standard
         a. understand the community that serving
         b. provide guidance and support
         c. complete demographic profile
         d. assess readiness to implement standard
            i. assessment tool/checklist
               aa. similar to ADA, assess capacity to respond

                        bb. identify resource support

3. Consistent implementation of the standards within DPH and vendors
   a. clear measures of what we would expect, minimum expectations and higher expectations
   b. ensure contract managers monitor agency policies and procedures
   c. Agency Profile
      i. important for agency profile to be redesigned to reflect retention and promotion
      ii. e.g., agency could say have two Hispanic managers, would be helpful to know if they were hired from outside or promoted from within
      iii. important to assess DPH work environment to promote diverse staff
      iv. connection with Diversity Council
      v. ensure contact mangers have been trained and prepared
4. Evaluate whether DPH and vendors adhering to standards

B. Standard Three: Health care organizations should ensure that staff at all levels across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery
   1. Strategies in implementing standard
      a. needs assessment for DPH and vendors
      b. implement a uniform and consistent training program
      c. look at best practices around cultural competence training
      d. measure if training has been affective

C. Timelines
   1. Committee set starting and ending dates
   2. Coordinating committee could help guide what is feasible

D. Coordinating Committee appreciates all the time that has been put into the development of plan with time given

V. Language Access
   A. Goal: implement standards four through seven
   B. Strategies in implementing standards
      1. Read literature on language access
      2. Assessment – internal DPH assessment and external vendor assessment of where agencies are with language access
      3. End product: manual
         a. would provide technical assistance for vendors and contract managers
         b. review team of manual would be needed
         c. advisory group – monitor the evaluation, implementation and efficacy of the manual

               d. manual would be given to coordinating committee for distribution/implementation

VI. Organizational Supports
- A. Small group with eight standards; strong group process and investment
- B. Themes within standards
    1. RFR development
        a. vendors conduct self-assessments
    2. REL data collection
        a. committee recognizes that activities around this occurring, but would like to track progress
    3. Conflict resolution
        a. ensure policies in place for employees to report and resolve cross-cultural conflicts both in work place and for patients
    4. CLAS infrastructure
        a. identify person to assist DPH and public with CLAS technical assistance
        b. build infrastructure to include posting information on web, etc.

VII. Questions about group work plans
- A. Role of coordinating committee: review plans and identify overlaps
    1. Do subcommittees need to have ok from coordinating committee to begin working on projects?
        a. coordinating committee will develop an integration workgroup that will meet to discuss overlaps and timelines
        b. integration committee will have feedback to the subcommittees before their next subcommittee meeting
        c. suggestion to have smaller group work on integration
        d. request to respect the timelines of the subcommittees
        e. will meet on Monday, August 20 at 9am in conference room 5A
            i. first meeting on 08.20, additional meetings will be convened by Christine
- B. What resources are available to agencies to implement standards?
    1. want to avoid CLAS becoming unfunded mandate
    2. first year seen as the planning year
    3. could ask subcommittees to identify one product to be funded
        a. quality improvement – vendors need training at all levels
        b. we must ensure that the products that we develop are "tethered" to the groups, that the committee remains involved in the process
    4. could incorporate parts of this into the health disparities RFR, but not limited to this RFR
    5. important to recognize the role of community building in developing and implementing work plans

     6. could include placeholder language in RFR, that if you are funded by DPH we will be incorporating CLAS standards in the future

VIII. RFR Work Group

 A. Review of documents developed by work group, chaired by Sharon Dyer

   1. MM3/MO3 boilerplate additions

    a. new language on overview of CLAS, CLAS Standards attachment

    b. agency self-assessment tool

     i. will be one page double sided

     ii. will have two columns, one for agency assessment and another for program assessment

     iii. points will be given for completeness, not response

     iv. assessment used at 2nd level review

     v. purpose of assessment to give us a baseline of vendor progress, identify what agencies could "mentor" others or those that need additional TA

     vi. tool could be used as pilot for health disparities RFR and/or violence RFR

    c. agency staff demographics table

    d. new question "…please describe your program's client population and your strategies for delivering culturally competent and linguistically appropriate services…"

     i. will include "Guidelines for Cultural and Linguistic Competence"

     ii. guidelines adapted from model developed by HIV bureau and Boston Public Health Commission

 B. Committee recommendations/questions

   1. RFR language

    a. recognize that most agencies will have already been working on this; change "implementation" to "continued implementation" or "standardized implementation"

   2. Will these changes be made for M3s only?

    a. currently for M3s, but can be incorporated into M4s, Ps, Rs, Hs

   3. When can these changes be incorporated?

    a. POS can implement changes now

   4. Is there guidance on completing the agency staff demographics table (ASDT)?

    a. Mary Beth will talk with Elaine (BSAS) who is currently using the ASDT

    b. Could we add a check box on the ASDT to show an aggregate of internal promotions

5. How will CLAS receive the data gathered in the self-assessments?
    a. assessments will be completed on Teleform, form will need to be scanned and data will enter database
    b. employee will need to be identified to scan the forms into database
    c. RFR writer manual is being written, the step of scanning the self-assessment will have to be incorporated into responsibility to DPH programs
    d. Mary-Beth can't pull assessment out of RFR, but can ask DPH program staff to pull it out
    e. Could we have an on-line survey?
        i. would require DPH IT to develop survey and post it
        ii. DPH does not have electronic response submission, so an on-line survey would take assessment out of RFR process
6. Please have feedback to Mary Beth by next Wednesday, August 22
IX. Next Steps
    A. Next Coordinating Committee Meeting – 09.20.07
    B. Integration meeting – 08.20.07, 9:00am, CR5A
    C. RFR Workgroup – next meeting 08.29.07, 2pm
    D. CLAS Presentation to Commissioner
        1. Who should be at that meeting?
            a. recommendations: Brunilda, Cathy, Christine, Sharon, community representative (Lucy or Emily), subcommittee members
            b. if agency planning on bidding for RFR, maybe should not attend
        2. Goal to present to Commissioner within next two weeks

Meeting adjourned: 11:23

C. Haley Medina 08.17.07